

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P00000074675

1. Corporation Name

Pan E. Pantry, Inc.

2. Principal Office Address

30 Hemlock Ct S.

Suite, Apt. #, etc.

City & State

Homosassa, FL 34446

Zip

Country

34446

USA

3. Mailing Office Address

30 Hemlock Ct S.

Suite, Apt. #, etc.

City & State

Homosassa, FL 34446

Zip

Country

34446

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 7, 2000

5. FEI Number

59-3683709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael D. Kulow

Street Address (P.O. Box Number is Not Acceptable)

30 Hemlock Ct. S.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34446

600008733846

10/31/02--01110--003 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/28/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP/S	Linda S. Kulow	30 Hemlock Ct. S.	Homosassa, FL 34446
P/T/D	Michael D. Kulow	30 Hemlock Ct S	Homosassa, FL 34446

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

352-382-2310

Daytime Phone #

CR2E081 (9/01)

Pan & Pantry, Inc.

30 Hemlock
Homosassa, FL 34430

October 28, 2002

Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Letter # 002A00057973

Dear Sir or Madam:

Per our telephone conversation, attached please find our completed application for corporation reinstatement and \$150.00 fee. We did not file our annual report (UBR) by the due date because we failed to receive a form from your office. If any further action needs to be taken, please advise.

Sincerely,



Linda Kulow
Vice President, Pan & Pantry, Inc.